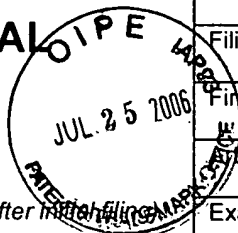


TRANSMITTAL FORM



Application Number	09/910,859
Filing Date	July 24, 2001
First Named Inventor	Gary Chodes
Unit	3628
Examiner Name	T. Harbeck
Attorney Docket Number	6806/3

Total Number of Pages in This Submission 24

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (+Exhs. A-B) <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Declaration under 37 CFR 1.131 <input checked="" type="checkbox"/> Extension of Time Request (+dupl.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Revocation of Previous Power of attorney, New Power of Attorney & Change of Correspondence Address <input checked="" type="checkbox"/> Check for \$510.00 for 3-month extension (small entity)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.

CALCULATION OF FEE

				Small Entity		Large Entity	
	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus	(20)	0	x \$25=	0	x \$50=	
Indep.	Minus	(3)	0	x \$100=	0	x \$200=	
First Presentation of Multiple Dep. Claim				+\$180=	--	+\$360=	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael D. Gannon, Reg. No. 36,807 Steven B. Courtright, Reg. No. 40,966 Attorney/Agent for Applicant BANIAK, PINE, AND GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date	July 21, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		Date:	July 21, 2006
Michael D. Gannon/Steven B. Courtright			